

**Disclosure Form – Employee-Vendor Relationship**

**Vendor may not provide goods or services unless approved by Purchasing Department**

**Instructions:** Complete this form to disclose an **Employee-Vendor Relationship** as required in [UCOP BUS-43, Part 7](#).

<b>REQUESTING DEPARTMENT</b>			
Date:	PO or Requisition #:	PO Amount: \$	
Name of Department:			
Name of Department Contact Person:	Phone:	Fax:	Email:

<b>PROPOSED OR EXISTING VENDOR DETAILS</b>
Name and address of Vendor:
Vendor Federal Employee Identification Number (corporation) or Social Security Number (individual):
Describe the goods and/or services:
Are these goods and/or services available commercially from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SELECT TYPE OF EMPLOYEE-VENDOR RELATIONSHIP</b>	
<input type="checkbox"/>	<a href="#">Employee</a> proposing to rent, sell, or provide goods or services to the University.
<input type="checkbox"/>	<a href="#">Employee</a> owning or controlling more than a 10% interest in the vendor that proposes to rent, sell, or provide goods or services to the University. Financial Interest:
<input type="checkbox"/>	<a href="#">Former Employee</a> proposing to rent, sell, or provide goods or services to the University. Name of Former Employee: _____ Date separated from UC: _____
<input type="checkbox"/>	<a href="#">Near Relative</a> currently providing, or is being proposed to provide, goods or services to the University. Name of Relative: _____ Relationship: _____
<input type="checkbox"/>	<a href="#">Near Relative</a> owning or controlling more than a 10% interest in the vendor, or currently providing, or is being proposed to provide, goods or services to the University. Name of Relative: _____ Relationship: _____ Percentage of Financial Interest: _____

<b>EMPLOYEE OR FORMER EMPLOYEE CERTIFICATION</b>
I certify that no University time, material, equipment or facilities have been or will be used in connection with any resulting purchase order or contract.
I certify that I have not or will not influence, participate in, or make the University's decision to purchase the above goods or services from the vendor.
<b>Employee or Former Employee Signature:</b> Name: _____ Date: _____

<b>DEPARTMENT CERTIFICATION</b>
I certify that no University time, material, equipment or facilities have been or will be used in connection with any resulting purchase order or contract.
I certify that the employee or former employee will not influence, participate in, or make the University's decision to purchase the above goods or services from the vendor.
<b>Department Chair Signature:</b> Name: _____ Date: _____

<b>PURCHASING DETERMINATION</b>	
Signature: _____ Name: _____ Title: _____ Date: _____	Determination: _____